

**Practitioner Application Form**

This form is for submitting an SENR Practitioner application for the Sport and Exercise Nutrition Register (SENR). Please read the SENR Guide to registration before completing this form.

**Have you previously held any type of SENR Registration?**

|  |  |
| --- | --- |
| No |  |
| Yes (provide details including SENR category and dates) |  |

**Are you a BDA Member?** *(Please note Dietitians applying to the SENR register must be full BDA Members)*

|  |  |
| --- | --- |
| No |  |
| Yes (provide membership number) |  |

**Are you a HCPC registered Dietitian?**

*(Please note Dietitians applying to the SENR register must be full BDA Members)*

|  |  |
| --- | --- |
| No |  |
| Yes (provide registration number) |  |

**Section 1 - Personal Details**

|  |  |
| --- | --- |
| Title (Optional) |  |
| First Name |  |
| Surname |  |
| Profession |  |
| Date of Birth |  |
| Nationality |  |
| Country you intend to practice in \*please note you will only be insured by the BDA to practice in the UK |  |

**Section 2 – Contact details**

***Home contact details***

|  |  |
| --- | --- |
| Address |  |
| Telephone number |  |
| Mobile telephone number |  |
| E-mail address  |  |

***Work contact***

|  |  |
| --- | --- |
| Name of organisation |  |
| Address |  |
| Telephone number |  |
| Mobile telephone number |  |
| E-mail address |  |

**Section 3 - Education and Qualifications (Relevant to SENR Register)**

|  |  |  |  |
| --- | --- | --- | --- |
| Title of relevant qualification | Course Start Date | Course End Date | Name of educational institution |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Signature**

**I can confirm to the best of my knowledge the information given is a true and accurate record.**

|  |  |
| --- | --- |
| **Signature** | **Date** |